Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

58	<u> 20</u>	J,	2

CLAIMS AS FILED - PART i (Column 1) (Column 2)						mn 21		SMALL ENTITY			OTHER THAN OR SMALL ENTITY											
TOTAL CLAIMS		6		(Coldinit 2)		1	RATE	FEE		RATE	FEE											
FOR		NUMBER FILED		AU IMP	MBER EXTRA		BASIC FEE	355.00		BASIC FEE	710.00											
_				'iLED	NUMB	EN EXTRA		DAGIOTEE	333.00	OR		710.00										
TOTAL CHARGEABLE CLAIMS			us 20=	•			X\$ 9=		OR	X\$18=												
INDEPENDENT CLAIMS 2 minus 3			nus 3 =				X40=		OR	X80=												
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=												
* If the difference in column 1 is/less/than zero, enter "0" in col					olumn 2	,	TOTAL		OR	TOTAL	355											
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)		SMALL ENTITY			OTHER THAN SMALL ENTITY											
	•	(Column 1) CLAIMS		HIGH	EST		1		ADDI-	OR 		ADDI-										
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE										
	Total	. 5	Minus	• 6	20	= /		X\$ 9=		OR	X\$18=											
	Independent	• /	Minus	***	3	l "/	1 1	X40=		OR	X80=	/										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							١,	+135=		OR	+270= /											
·				•		. '	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE												
	(Column 1) (Column 2) (Column 3)								ν			·										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	••		=	1	X\$ 9=		OR	X\$18=											
AMEN	Independent	•	Minus	***		= :	1	X40=		OR	X80=											
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM]	405			.070											
								+135=		OR	+270= TOTAL											
						. 4	ADDIT. FEE		OR	ADDIT. FEE												
		(Column 1)	,	(Colu		(Column 3)	Ĺ.															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	A seri	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus	••	· 	=] [X\$ 9=		OR	X\$18=											
AME	Independent	•	Minus	•••		<u> </u>	↓ [X40=		OR	X80=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.405			.070											
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.																						
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE TOTAL ADDIT. FEE																						
		nber Previously Pa					er tou	ind in the app	ropriate box	in co	lumn 1.											
	A DITO ATE																					